

# Reducing the spread in senior living communities

The symptoms in residents with Covid-19 may vary in severity from none, mild, moderate, to severe, life threatening symptoms, or death. Initially, symptoms may be mild and not require transfer to a hospital. It is important to follow the infection prevention and control practices recommended by Centers for Disease Control and Prevention (CDC).

## Limiting the transmission

Residents may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.

Cancel communal dining and all internal and external group activities. Encourage active screening of residents for fever, chills, cough and respiratory symptoms. Remind other residents to practice social distancing, perform frequent hand hygiene and follow cough etiquette.

## Guidance for older adults

### Hand Washing.

Practice frequent hand washing, washing with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place/ common area. If soap and water is unavailable, use a hand sanitizer that contains at least 60% alcohol.

If at all possible, avoid touching high-use surfaces like handrails, elevator buttons, door handles, etc. If you need to touch one of these, cover your hand with a barrier like a tissue, or your sleeve.

## Avoid Close Contact with Other People.

Stay in your home or outdoors 6 feet or greater distance away from other people. Limit visitors to those necessary for your health or safety. Please consider using telephone or video calls to replace in person social interactions.

Having medications or other essentials delivered is recommended. If you have to go to a setting where social distance policies are hard to maintain such as grocery stores and pharmacies, the CDC recommends wearing a face mask, including simple cloth coverings. Masks should not be used by anyone with trouble breathing, who is unconscious, less than 2 years of age, or who cannot remove the mask themselves.

## Self-monitor for Symptoms.

Establish a 'buddy' to check in on you, ideally by phone or someone wearing appropriate PPE for suspected or confirmed COVID case. This person cannot be at higher risk for complications of COVID-19.

Monitor for symptoms such as fever, cough, shortness of breath, malaise, altered mental status, falls or dizziness, or lack of appetite. If ill, stay at home and limit contact with others, maintaining isolation per CDC guidelines. Call your medical provider for advice, and seek emergency care if you have severe, life threatening symptoms. Report illness to your community administrators.



## Visitation Recommendations

Senior living communities should remain in isolation if possible and restrict visitation of all non-essential personnel.

Residents can allow entry of vendors, deliveries, agency staff, EMS personnel and equipment, transportation providers and other non-health care providers, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.

For more information contact the Virginia Department of Health, Richmond City Health District, or Henrico County Health District.

## Cleaning and disinfecting your facility

Common/shared spaces should be cleaned and disinfected daily. Special attention should be given to high-touch surfaces, including, but not limited to, door handles, faucets, toilet handles, light switches, elevator buttons, handrails, countertops, chairs, tables, remote controls, shared electronic equipment, and shared exercise equipment.

If cleaning after an ill individual in your facility, close off all areas used by that person. Open outside doors and windows to increase air circulation; wait 24 hours if possible before cleaning and disinfecting. Clean and disinfect all areas used by the person who is sick. If it has been more than 7 days since a sick person has used or been in your facility, continue routine cleaning and disinfection.

## Hard Surfaces.

Hard, non-porous surfaces, should be first cleaned with soap and water if dirty, then disinfected. Any disinfectant from the [EPA's List N](#) is expected to kill the coronavirus when used according to the label directions.

If another disinfectant is unavailable, a solution can be made from unexpired household bleach. Bleach should never be mixed with ammonia or other products. Prepare a bleach solution by mixing 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.

## Soft/Porous Surfaces.

Surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. If the items can be laundered, launder items using the warmest appropriate water setting for the items and then dry items completely.

## Electronics.

For items such as keyboards, tablets, remote controls, clean according to the manufacturers guidelines. If specific instructions are unavailable, touch screens can be cleaned with 70% or greater alcohol wipes or sprays. Allow surfaces to dry thoroughly.

## Laundry.

Launder items according to the manufacturer's instructions using the warmest appropriate water setting and dry items completely. Never shake dirty laundry as this may increase the risk of exposure.

## Personal Protective Equipment.

Professional cleaning staff should wear gowns and gloves for all cleaning and disinfection, with allowance for additional PPE if indicated. Staff should perform frequent hand washing, including after removing gloves. If disposable gowns are unavailable, reusable coveralls, aprons and uniforms can be used but must be laundered. PPE should be changed appropriately, and following a room or area occupied by ill persons.

